



18Th International Training Course on Invasive Bladder Cancer & Urinary Diversion Techniques



Registration Form

Professional title:

First name:

Family name:

Mailing address:

City:

Country:

Email

Fax:

Tel. (WhatsApp contact is preferable):

Registration fee: 1200 \$ (Non-Egyptians)

5000 L.E (Egyptian in house)

Hotel Reservation: ON YOUR OWN

Marshal El-Gazera Hotel	for Egyptian		for Non Egyptian	
Room: Single	800 L.E /Night	<input type="checkbox"/>	58 \$ /Night	<input type="checkbox"/>
Double	950 L.E /Night	<input type="checkbox"/>	75 \$ /Night	<input type="checkbox"/>

Date of arrival : / /

Date of departure : / /

Method of payment:

- Bank Transfer:

Mansoura urology and nephrology center - Egypt.

Bank Identifier Code: CIBEEGCX015.

Bank name: Commercial International Bank Egypt SA.

The beneficiary IBAN / Account number:

IBAN: EG720010001500000100007997878 for US\$

IBAN: EG720010001500000100005624686 for EGP

- Cash payment on site:

Please fill in this form and send it back by fax or by email.

Mailing Address:

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